


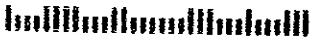
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

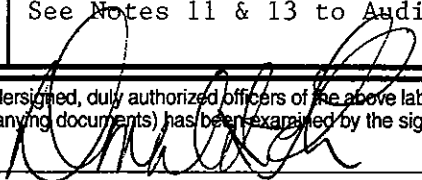
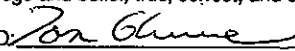
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 6 4 - 7 2 7	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
4. AFFILIATION OR ORGANIZATION NAME DONALD FEHR (2) 064-727 MAJOR LEAGUE BASEBALL PLAYERS ASN 130 12 EAST 49TH STREET 24TH FLOOR NEW YORK, NY 10017 12/2000 			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
	Schedule 5—Fixed Assets, Line 7, Other Fixed Assets consisted of computer software.
11	Major League Baseball Player's Benefit Plan #13-0006194, Plan #51-018287
14	Most Horowitz & Company, LLP
21(a)	See Note 7 to Audited Financial Statement
24	See Notes 11 & 13 to Audited Financial Statements

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3 / 23 / 01 (212) 826 - 0808 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3 / 23 / 01 (212) 826 - 0808 Date Telephone Number	CO-TREASURERS (If other title, see instructions.)
--	--	--	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 3 5 0
19. What is the date of your organization's next regular election of officers? MO YEAR
0 5 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 25.00 per Day (Month, Year, etc.)
(b) Initiation Fees	\$
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 6 4 - 7 2 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash		1 9 1 2 1 7 1 3	9 5 7 3 9 6 8
	26. Accounts Receivable			
	27. Loans Receivable	1		3 2 0 0
	28. U.S. Treasury Securities		4 6 7 6 8 0 0 7	4 9 7 0 7 4 4 0
	29. Investments	2	2 0 4 4 2 5 2 8	2 5 1 4 2 0 1 6
	30. Fixed Assets	5	8 7 5 2 1 6	1 4 3 6 2 3 1
	31. Other Assets	3	4 9 2 2 0	6 0 0 4 6
	32. TOTAL ASSETS		8 7 2 5 6 6 8 4	8 5 9 2 2 9 0 1
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	2 6 2 6 9 0 3 0	2 2 1 9 1 5 0 2
	37. TOTAL LIABILITIES		2 6 2 6 9 0 3 0	2 2 1 9 1 5 0 2
	38. NET ASSETS (Item 32 less Item 37)		6 0 9 8 7 6 5 4	6 3 7 3 1 3 9 9

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 6 4 - 7 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			5 2 8 2 4 7 5	56. To Officers	9		5 6 3 3 3 4
40. Per Capita Tax				57. To Employees	10		2 4 8 8 6 7 2
41. Fees				58. Per Capita Tax			
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		2 8 8 4 1 5 6
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			2 4 2 4 8 7 5
46. Interest			3 2 6 9 1 9 0	63. Benefits	11		5 1 4 4 5 5
47. Dividends				64. Contributions, Gifts & Grants	12		1 7 7 1 6 6
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6		6 7 1 3 4 5 6 2	66. Direct Taxes			2 1 4 9 2 4
50. Loans Obtained	8			67. Withholding Taxes			1 8 2 5 0 2 9
51. Repayments of Loans Made	1		1 0 0 0	68. Purchase of Investments & Fixed Assets	7		7 2 3 3 3 0 5 1
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		4 2 0 0
53. From Members for Disbursement on Their Behalf			5 5 4 8 1 8	70. Repayment of Loans Obtained	8		
54. Other Receipts	14		4 1 3 5 4 1 9 0	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			5 5 4 8 1 8
				73. Other Disbursements	15		4 3 1 5 9 3 0 1
55. TOTAL RECEIPTS			1 1 7 5 9 6 2 3 5	74. TOTAL DISBURSEMENTS			1 2 7 1 4 3 9 8 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 6 4 - 7 2 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>Yolanda Largo "E"</u> Purpose: <u>Employee Hardship</u> Security: <u>None</u> Terms of Repayment: <u>Repay by 12/31/2001</u>	0	3,200			3,200
2. Name: <u>Eric Rivera "E"</u> Purpose: <u>Employee Hardship</u> Security: <u>None</u> Terms of Repayment: <u>7 Payments Bi-Monthly</u>	0	1,000	1,000		0
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5		4 2 0 0	1 0 0 0		3 2 0 0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	25,066,043
2. Total Book Value	25,066,043
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Corporate Bonds	13,918,633
(b) Commercial Papers	11,147,410
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	75,973
5. Total Book Value	75,973
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) Pension Annuities	75,973
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 5 1 4 2 0 1 6
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 6 4 - 7 2 7

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Unamortized lease Expense	5,326
2. Miscellaneous Receivables	15,813
3. Prepaid Baseball Tickets	38,907
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6 0 0 4 6
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Dues Refundable	19,007,484
(Settlement Date 1/2/01)	
2. Due Broker	3,184,018
3. _____	
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 2 1 9 1 5 0 2
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 6 4 - 7 2 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	969,020	673,385	295,635	295,635
7. Other Fixed Assets	1,221,786	81,190	1,140,596	1,140,596
8. Totals of Lines 1 through 7	2,190,806	754,575	1 4 3 6 2 3 1	1,436,231

Enter the Total from Line 8, Column (D) in Item 30, Column (B)


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1 Return on Investment In Annuities	13,897	13,897	13,897	13,897
2 US Treasuries & US Agencies-Securities	57,808,708	57,808,708	57,808,708	57,808,708
3 Corporate Bonds	16,514,860	16,514,860	16,514,860	16,514,860
4 Commercial Paper	7,578,813	7,578,813	7,578,813	7,578,813
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	81,916,278	81,916,278	81,916,278	81,916,278
			7. Less Reinvestments	14,781,716
			8. Net Sales	6 7 1 3 4 5 6 2






Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 6 4 -7 2 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1 US Treasuries & US Agencies - Securities	57,500,110	57,500,110	57,500,110
2 Corporate Bonds	14,841,796	14,841,796	14,841,796
3 Commercial Paper	14,069,061	14,069,061	14,069,061
4 Fixed Assets	743,586	743,586	743,586
5. Totals from additional pages (if any)	0	0	0
6. Totals of Lines 1 through 5	87,154,553	87,154,553	87,154,553
		7. Less Reinvestments	14,821,502
		8. Net Purchases	7 2 3 3 3 0 5 1
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: L e i t e r First Name: A l	Status: C			4 0 1		4 0 1
Title: _____						
Last Name: B e n e s First Name: A l	Status: C			2 0 7 9		2 0 7 9
Title: _____						
Last Name: L o p e z First Name: A l b i e	Status: N			0		
Title: _____						
Last Name: W i l l i a m s First Name: B e r n i e	Status: N			0		
Title: _____						
Last Name: S u r h o f f First Name: B J	Status: P			2 4 3 4		2 4 3 4
Title: _____						
Last Name: A n d e r s o n First Name: B r i a n	Status: C			3 0 3 0		3 0 3 0
Title: _____						
Last Name: T r a c h s e l First Name: S t e v e	Status: P			0		
Title: _____						
8. Totals from additional pages (if any)		1,000,690		13,651		1,014,341
9. Totals of Lines 1 through 8		1,000,690		21,595		1,022,285
10. Less Deductions				4 5 8 9 5 1		
Enter the Total from Line 11 in _____ Item 56 ⇨				11. Net Disbursements 5 6 3 3 3 4		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small> (C) Name of Affiliated Organization <small>(if applicable)</small> Last Name First Name 1. A b e r c r o m b i e C i n d y Position A D M Name of Affiliated Organization	8 6 9 4 0			1 1 3 2	8 8 0 7 2
Last Name First Name 2. B e r n a z a r d A n t o n i o Position A D M Name of Affiliated Organization	3 4 1 6 2 5			1 5 0 1 8	3 5 6 6 4 3
Last Name First Name 3. B o u r i s G r e g Position A D M Name of Affiliated Organization	1 1 4 5 2 0			1 0 5 2	1 1 5 5 7 2
Last Name First Name 4. B r a d l e y P h i l Position A D M Name of Affiliated Organization	8 4 1 2 0			1 0 4 8 9	9 4 6 0 9
Last Name First Name 5. C a r b a l l o V i r g i n i Position A D M Name of Affiliated Organization	4 8 0 9 7				4 8 0 9 7
6. Totals from additional pages <small>(if any)</small>	3,154,752			119,508	3,274,260
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	63,743			433	64,176
8. Totals of Lines 1 through 7	3,893,797			147,632	4,041,429
Enter the Total from Line 10 in Item 57 ➡			9. Less Deductions 1 5 5 2 7 5 7		
			10. Net Disbursements 2 4 8 8 6 7 2		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 6 4 - 7 2 7

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Expenses	Retired Executive Director	113,100
2. Group Health Life & Other Insurance	MLBP Benefit Plan	198,141
3. Investment Savings Retirement Plan	Van Guard Group	203,214
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 1 4 4 5 5
Enter the Total from Line 6 Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Peggy Browning Fund	1,375
2. Major League Baseball Players Alumni Association	5,000
3. Harlem RBI	1,000
4. Baseball Assistance Team	12,000
5. Baseball Writer's Association	1,500
6. Rusty Staub Foundation	500
7. Total from additional pages (if any)	155,791
8. Total of Lines 1 through 7	1 7 7 1 6 6
Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent & Electric	683,370
2. Office Supplies & Expenses	370,039
3. Insurance	113,962
4. Telephone & Cable	81,278
5. Computer Expense	50,350
6. Postage & Delivery	102,351
7. Total from additional pages (if any)	1,482,806
8. Total of Lines 1 through 7	2 8 8 4 1 5 6
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Dues (Licensing Revenue)	41,002,495
2. Player Agent Fees	15,300
3. Collusion Escrow Payable	100,112
4. Baseball Tickets	236,283
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 1 3 5 4 1 9 0
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Dues Refund	17,509,597
2. Executive Board Expenses	11,965
3. Baseball Tickets	310,925
4. Collusion Case/Licensing Distribution	691,140
5. Collusion Escrow Payable	20,108
6. Settlement Payable	1,600,000
7. Medical Research	21,875
8. Arbitration Settlement	45,703
9. Appearance Fees	2,300,000
10. Licensee Fee	45,000
11. Negotiation Expenses - Basic Agrmt	263,203
12. Basic Agree w/Clubs - Future Growth & Development Baseball	20,000,000
13. Retirement Plan	186,679
14. Rookie Career Development Expenses	148,642
15. Employee Relocation Expense	3,964
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 3 1 5 9 3 0 1
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED:

PAGE 2 OF 15 ADDITIONAL PAGES

12/31/2000

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name B o e h r i n g e r	First Name B r i a n	Status P			0		
Last Name M c R a e	First Name B r i a n	Status P			0		
Last Name N a g y	First Name C h u c k	Status C			0		
Last Name S c h i l l i n g	First Name C u r t	Status P			0		
Last Name E a s l e y	First Name D a m i a n	Status C			2 0 7		2 0 7
Last Name W i l s o n	First Name D a n	Status C			1 1 7 2		1 1 7 2
Last Name F l e t c h e r	First Name D a r r i n	Status P			0		
Last Name C o n e	First Name D a v i d	Status P			0		
Totals					1 0 7 0		1 0 7 0

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 3 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name W e a t h e r s	First Name D a v i d	Status N			0		
Last Name H o c k i n g	First Name D e n n y	Status C			0		
Last Name W h i t e	First Name D e v o n	Status P			0		
Last Name F e h r	First Name D o n a l d	Status C	0 0 0 6 9 0				0 0 0 6 9 0
Title E x e c u t i v e D i r e c							
Last Name G l a n v i l l e	First Name D o u g	Status N			5 8 0		5 8 0
Last Name B a l d w i n	First Name J a m e s	Status N			0		
Last Name C h r i s t i a n s e n	First Name J a s o n	Status P			0		
Last Name P o w e l l	First Name J a y	Status N			0		
Totals			0 0 0 6 9 0		5 8 0		0 0 1 2 7 0

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED:

12/31/2000

PAGE 4 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name K e n t	First Name J e f f	Status C			0		
Last Name P o o l e	First Name J i m	Status P			1 2 0 7		1 2 0 7
Last Name W a k e f i e l d	First Name J i m	Status P			0		
Last Name G i r a r d i	First Name J o e	Status C			1 2 5		1 2 5
Last Name D a m o n	First Name J o h n	Status P			0		
Last Name Y o u n g	First Name K e v i n	Status N			2 0 7		2 0 7
Last Name G r u d z i e l a n e k	First Name M a r k	Status N			0		
Last Name K o t s a y	First Name M a r k	Status C			2 7 6		2 7 6
Totals					1 8 1 5		1 8 1 5

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

4/2/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 5 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)							
Last Name L o r e t t a	First Name M a r k	C			2 0 7		2 0 7
Title							
Last Name S t a i r s	First Name M a t t	P			0		
Title							
Last Name D e f e l i c e	First Name M i k e	P			0		
Title							
Last Name M y e r s	First Name M i k e	N			0		
Title							
Last Name M u s s i n a	First Name M i k e	P			0		
Title							
Last Name R e m l i n g e r	First Name M i k e	P			3 3 5 2		3 3 5 2
Title							
Last Name S w e e n e y	First Name M i k e	N			2 3 2 4		2 3 2 4
Title							
Last Name H e l l i n g	First Name R i c k	N			3 8 8		3 8 8
Title							
Totals					6 2 7 1		6 2 7 1

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 6 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: R a n d a l l First Name: K a r l S c o t t Title: _____ Status: P				0		
Last Name: C a s e y First Name: S e a n Title: _____ Status: C				2 9 6		2 9 6
Last Name: R e y n o l d s First Name: S h a n e Title: _____ Status: P				0		
Last Name: P o n s o n First Name: S i d n e y Title: _____ Status: N				4 7 4		4 7 4
Last Name: H i t c h c o c k First Name: S t e r l i n Title: _____ Status: N				0		
Last Name: C r a b t r e e First Name: T i m Title: _____ Status: C				0		
Last Name: H u d s o n First Name: T i m Title: _____ Status: N				0		
Last Name: H e l t o n First Name: T o d d Title: _____ Status: P				0		
Totals				7 7 0		7 7 0

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 7 OF 15 ADDITIONAL PAGES

12/31/2000

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	(C) Status	(D) Gross Salary (before taxes and other deductions)	(E) Allowances	(F) Disbursements for Official Business	(G) Other Disbursements	(H) Total
Last Name: G l a v i n e First Name: T o m Title: _____ Status: C					2 6 2 9		2 6 2 9
Last Name: T e l f o r d First Name: T o n y Title: _____ Status: C					0		
Last Name: C l a r k First Name: T o n y Title: _____ Status: N					2 0 7		2 0 7
Last Name: N i x o n First Name: T r o t Title: _____ Status: N					0		
Last Name: P e r c i v a l First Name: T r o y Title: _____ Status: C					0		
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Last Name: _____ First Name: _____ Title: _____ Status: _____							
Totals					2 8 3 6		2 8 3 6

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 8 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: C h i l d First Name: M a r t h a Position: A D M Name of Affiliated Organization:	1 1 4 7 7 0			2 0 3 2	1 1 6 8 0 2
Last Name: D a h l First Name: C h r i s Position: A D M Name of Affiliated Organization:	8 9 2 3 9			8 9 3	9 0 1 3 2
Last Name: D i C a m i l l o First Name: M a r i e t t Position: A D M Name of Affiliated Organization:	8 8 9 5 1			8 1 6	8 9 7 6 7
Last Name: F a l k First Name: H i l l a r y Position: A D M Name of Affiliated Organization:	1 1 8 3 2				1 1 8 3 2
Last Name: F a n n e l l First Name: J e f f r e y Position: A D M Name of Affiliated Organization:	1 5 2 6 9			1 1 5	1 5 3 8 4
Totals	3 2 0 0 6 1			3 8 5 6 3	2 3 9 1 7

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 9 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: G o l d s t e i n First Name: E v i e Position: A D M Name of Affiliated Organization: _____	6 6 6 5 8			4 8 6 1	7 1 5 1 9
Last Name: G o u l d First Name: H e a t h e r Position: A D M Name of Affiliated Organization: _____	4 6 8 9 0			1 8 6 3	4 8 7 5 3
Last Name: H e e t e r First Name: J u d i t h Position: A D M Name of Affiliated Organization: _____	3 3 6 1 9 0				3 3 6 1 9 0
Last Name: H i n k l e y First Name: T e r r i Position: A D M Name of Affiliated Organization: _____	1 8 4 1 4				1 8 4 1 4
Last Name: K a p l a n First Name: E v a n Position: A D M Name of Affiliated Organization: _____	8 4 6 7 7			6 4 3 3	9 1 1 1 0
Totals	5 5 2 8 2 9			1 3 1 5 7 5	6 5 9 8 6

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 10 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: L a r g o First Name: Y o l a n d a Position: A D M Name of Affiliated Organization:	4 5 7 6 9				4 5 7 6 9
Last Name: L e n a g h a n First Name: R o b e r t Position: A D M Name of Affiliated Organization:	1 9 3 2 7 0			6 2 9 6	1 9 9 5 6 6
Last Name: L y n c h First Name: E d Position: A D M Name of Affiliated Organization:	1 1 8 5 9				1 1 8 5 9
Last Name: M a r k o w i t z First Name: M e l b a Position: A D M Name of Affiliated Organization:	4 8 0 6 4			4 0 5	4 8 4 6 9
Last Name: M o r r i s First Name: C h r i s t i Position: A D M Name of Affiliated Organization:	5 6 3 8 7			7 7	5 6 4 6 4
Totals	3 5 5 3 4 9			6 7 7 8	3 6 2 1 2 7

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 11 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: O ' D o n n e l l First Name: S h a r o n Position: A D M Name of Affiliated Organization:	4 5 5 5 9				4 5 5 5 9
Last Name: O l s h a n First Name: J o h n Position: A D M Name of Affiliated Organization:	1 2 5 7 4 0			6 4 3 4	1 3 2 1 7 4
Last Name: O r z a First Name: E u g e n e Position: A D M Name of Affiliated Organization:	4 2 7 0 1 8			1 5 3 8 4	4 4 2 4 0 2
Last Name: P e p i n First Name: L i s a M a r Position: A D M Name of Affiliated Organization:	4 0 0 3 8				4 0 0 3 8
Last Name: P e r s a u d First Name: M e l i s s a Position: A D M Name of Affiliated Organization:	3 1 3 0 5			6 0 9 8	3 7 4 0 3
Totals	6 6 9 6 6 0			2 7 9 1 6	6 9 7 5 7 6

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED:

12/31/2000

PAGE 12 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: P e t e r s First Name: S h e i l a Position: A D M Name of Affiliated Organization:	5 0 1 6 0				5 0 1 6 0
Last Name: P r i c e First Name: A l l y n e Position: A D M Name of Affiliated Organization:	6 2 6 1 0				6 2 6 1 0
Last Name: P r y o r First Name: D o y l e Position: A D M Name of Affiliated Organization:	2 8 6 1 8 9			4 0 6 1 2 9 0 2 5 0	
Last Name: R i v e r a First Name: R e b e c c a Position: A D M Name of Affiliated Organization:	4 6 5 4 6				4 6 5 4 6
Last Name: R i v e r a First Name: E r i c Position: A D M Name of Affiliated Organization:	3 2 5 6 1				3 2 5 6 1
Totals	4 7 8 0 6 6			4 0 6 1 4 8 2 1 2 7	

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 13 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: R o g e r s First Name: S t e p h e n Position: A D M Name of Affiliated Organization:	1 5 5 7 7 6			1 2 6 3 7	1 6 8 4 1 3
Last Name: W e i n e r First Name: M i c h a e l Position: A D M Name of Affiliated Organization:	3 7 0 7 7 0			5 5 7 9	3 7 6 3 4 9
Last Name: W h i t e First Name: R i c h a r d Position: A D M Name of Affiliated Organization:	2 0 1 2 7 0			4 1 5 0 0	2 4 2 7 7 0
Last Name: W i l l i s First Name: N a n c y Position: A D M Name of Affiliated Organization:	5 0 9 7 1			4 0 2 4	5 4 9 9 5
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Totals	7 7 8 7 8 7			6 3 7 4 0	8 4 2 5 2 7

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

0 6 4 7 2 7
File Number

Designation/Number

Page 1 of 15

12/31/2000
Ending Period

75. Additional Information

- 76 The signature at No. 76 is that of Donald M. Fehr, the Association's Executive Director and General Counsel. Pursuant to Article VIII of the Association's Constitution and By-Laws (copy attached), Mr. Fehr directs the day-to-day affairs and activities of the Association. In his capacity as Executive Director, he has day-to-day responsibility for the receipt and collection of all monies due to the Association and the making of all disbursements thereof.
- 77 The signatures at No. 77 are those of National League Player Representative Tom Glavine and American League Player Representative Rick Helling. The League Player Representatives are the association's two highest ranking officers. Under Article V, Section IV of the Association's Constitution and By-Laws (copy attached), the League Player Representatives serve as co-treasurers of the Association, with oversight responsibility for the receipt and collection of all monies due the Association and the making of disbursements by the Association.

Continuation of LM-2 Labor Organization Annual Report

0 6 4 7 2 7
File Number

12/31/2000
Ending Period

Affiliation or Organization Name

Designation/Number

Page 14 of 15

Schedule 12 — Contributions, Gifts & Grants

Description (A)	Amount (B)
Major League Baseball Players Trust	154,446
Miscellaneous Contribution	1,345

Continuation of LM-2 Labor Organization Annual Report

0 6 4 7 2 7
File Number

12/31/2000
Ending Period

Affiliation or Organization Name

Designation/Number

Page 15 of 15

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
Clipping SVC & Subscription	61,867
Repairs & Maintenance	21,364
Advertising & Promotion	293,693
Equipment Rental	41,655
Travel & Lodging Paid to Providers	1,064,227


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

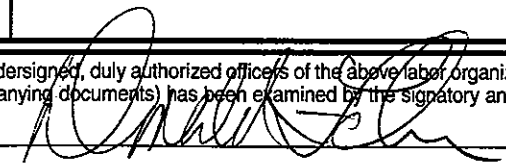
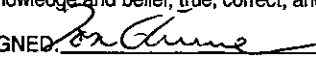
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 6 4 - 7 2 7	2. PERIOD COVERED From MO DAY YEAR 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.) First Name D o n a l d Last Name F e h r P.O. Box • Building and Room Number (if any) Number and Street 1 2 E a s t 4 9 t h S t r e e t City N e w Y o r k State ZIP Code + 4 N Y 1 0 0 1 7 -	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	Schedule 5 - Fixed Assets, Line 7, other Fixed Assets Consisted of computer software
14	Major League Baseball Player's Benefit Plan #13-0006194, Plan #51-018287
21(A)	Most Horowitz & Company, LLP
24	See Note 7 to Audited Financial Statement
	See Notes 11 & 13 to Audited Financial Statements

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3 / 23 / 01 (212) 826 - 0808 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3 / 23 / 01 (212) 826 - 0808 Date Telephone Number	CO-TREASURERS (If other title, see instructions.)
--	--	--	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 3 5 0
19. What is the date of your organization's next regular election of officers? MO YEAR
0 5 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 25.00 per Day (Month, Year, etc.)
(b) Initiation Fees	\$
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0-6-4-7-2-7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			1 9 1 2 1 7 1 3	9 5 7 3 9 6 8
	26. Accounts Receivable				
	27. Loans Receivable	1			3 2 0 0
	28. U.S. Treasury Securities			4 6 7 6 8 0 0 7	4 9 7 0 7 4 4 0
	29. Investments	2		2 0 4 4 2 5 2 8	2 5 1 4 2 0 1 6
	30. Fixed Assets	5		8 7 5 2 1 6	1 4 3 6 2 3 1
	31. Other Assets	3		4 9 2 2 0	6 0 0 4 6
	32. TOTAL ASSETS			8 7 2 5 6 6 8 4	8 5 9 2 2 9 0 1
LIABILITIES	33. Accounts Payable				
	34. Loans Payable	8			
	35. Mortgages Payable				
	36. Other Liabilities	4		2 6 2 6 9 0 3 0	2 2 1 9 1 5 0 2
	37. TOTAL LIABILITIES			2 6 2 6 9 0 3 0	2 2 1 9 1 5 0 2
	38. NET ASSETS (Item 32 less Item 37)			6 0 9 8 7 6 5 4	6 3 7 3 1 3 9 9

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 6 4 -7 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		5 2 8 2 4 7 5	56. To Officers	9	5 6 3 3 3 4
40. Per Capita Tax			57. To Employees	10	2 4 8 8 6 7 2
41. Fees			58. Per Capita Tax		
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	2 8 8 4 1 5 6
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		2 4 2 4 8 7 5
46. Interest		3 2 6 9 1 9 0	63. Benefits	11	5 1 4 4 5 5
47. Dividends			64. Contributions, Gifts & Grants	12	1 7 7 1 6 6
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6	6 7 1 3 4 5 6 2	66. Direct Taxes		2 1 4 9 2 4
50. Loans Obtained	8		67. Withholding Taxes		1 8 2 5 0 2 9
51. Repayments of Loans Made	1	1 0 0 0	68. Purchase of Investments & Fixed Assets	7	7 2 3 3 3 0 5 1
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	4 2 0 0
53. From Members for Disbursement on Their Behalf		5 5 4 8 1 8	70. Repayment of Loans Obtained	8	
54. Other Receipts	14	4 1 3 5 4 1 9 0	71. To Affiliates of Funds Collected on Their Behalf		
55. TOTAL RECEIPTS		1 1 7 5 9 6 2 3 5	72. On Behalf of Individual Members ...		5 5 4 8 1 8
			73. Other Disbursements	15	4 3 1 5 9 3 0 1
			74. TOTAL DISBURSEMENTS		1 2 7 1 4 3 9 8 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 6 4 - 7 2 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>Yolanda Largo "E"</u> Purpose: <u>Employee Hardship</u> Security: <u>None</u> Terms of Repayment: <u>Repay by 12/31/2001</u>	0	3,200			3,200
2. Name: <u>Eric Rivera "E"</u> Purpose: <u>Employee Hardship</u> Security: <u>None</u> Terms of Repayment: <u>7 Payments Bi-Monthly</u>	0	1,000	1,000		0
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5		4 2 0 0	1 0 0 0		3 2 0 0
Enter the Totals from Line 6 in ↑ Item 27 ↑ Item 69 ↑ Item 51 ↑ Item 75 ↑ Item 27 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (A) with Explanation Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	25,066,043
2. Total Book Value	25,066,043
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Corporate Bonds	13,918,633
(b) Commercial Papers	11,147,410
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	75,973
5. Total Book Value	75,973
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	75,973
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	25,142,016
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 064-727

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Unamortized Lease Expense	5,326
2. Miscellaneous Receivables	15,813
3. Prepaid Baseball Tickets	38,907
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	60,046
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Dues Refundable	19,007,484
2. Due Broker (Settlement date 1/2/01)	3,184,018
3. _____	
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	22,191,502
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 6 4 - 7 2 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	969,020	673,385	295,635	295,635
7. Other Fixed Assets	1,221,786	81,190	1,140,596	1,140,596
8. Totals of Lines 1 through 7	2,190,806	754,575	1 4 3 6 2 3 1	1,436,231

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Return on Investment In Annuities	13,897	13,897	13,897	13,897
2. US Treasuries & US Agencies-Securities	57,808,708	57,808,708	57,808,708	57,808,708
3. Corporate Bonds	16,514,860	16,514,860	16,514,860	16,514,860
4. Commercial Paper	7,578,813	7,578,813	7,578,813	7,578,813
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	81,916,278	81,916,278	81,916,278	81,916,278
		7. Less Reinvestments		14,781,716
		8. Net Sales		6 7 1 3 4 5 6 2

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 6 4 - 7 2 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. US Treasuries & US Agencies - Securities	57,500,110	57,500,110	57,500,110
2. Corporate Bonds	14,841,796	14,841,796	14,841,796
3. Commercial Paper	14,069,061	14,069,061	14,069,061
4. Fixed Assets	743,586	743,586	743,586
5. Totals from additional pages (if any)	0	0	0
6. Totals of Lines 1 through 5	87,154,553	87,154,553	87,154,553
7. Less Reinvestments		14,821,502	
8. Net Purchases		7 2 3 3 3 0 5 1	

Enter the Total from Line 8 in Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					

Enter the Totals from Line 6 in Item 34 Column (C) Item 50 Item 70 Item 75 with Explanation Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: L e i t e r First Name: A I Title: Status: C				4 0 1		4 0 1
2. Last Name: B e n e s First Name: A I Title: Status: C				2 0 7 9		2 0 7 9
3. Last Name: L o p e z First Name: A l b i e Title: Status: N				0		
4. Last Name: W i l l i a m s First Name: B e r n i e Title: Status: N				0		
5. Last Name: S u r h o f f First Name: B J Title: Status: P				2 4 3 4		2 4 3 4
6. Last Name: A n d e r s o n First Name: B r i a n Title: Status: C				3 0 3 0		3 0 3 0
7. Last Name: T r a c h s e l First Name: S t e v e Title: Status: P				0		
8. Totals from additional pages (if any)		1,000,690		13,651		1,014,341
9. Totals of Lines 1 through 8		1,000,690		21,595		1,022,285
				10. Less Deductions 4 5 8 9 5 1		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 5 6 3 3 3 4		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: A b e r c r o m b i e First Name: C i n d y Position: A D M Name of Affiliated Organization:	8 6 9 4 0			1 1 3 2	8 8 0 7 2
Last Name: B e r n a z a r d First Name: A n t o n i o Position: A D M Name of Affiliated Organization:	3 4 1 6 2 5			1 5 0 1 8	3 5 6 6 4 3
Last Name: B o u r i s First Name: G r e e g Position: A D M Name of Affiliated Organization:	1 1 4 5 2 0			1 0 5 2	1 1 5 5 7 2
Last Name: B r a d l e y First Name: P h i l Position: A D M Name of Affiliated Organization:	8 4 1 2 0			1 0 4 8 9	9 4 6 0 9
Last Name: C a r b a l l o First Name: V i r g i n i Position: A D M Name of Affiliated Organization:	4 8 0 9 7				4 8 0 9 7
6. Totals from additional pages (if any)	3,154,752			119,508	3,274,260
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	63,743			433	64,176
8. Totals of Lines 1 through 7	3,893,797			147,632	4,041,429
9. Less Deductions			1 5 5 2 7 5 7		
Enter the Total from Line 10 in..... Item 57 ⇒			10. Net Disbursements 2 4 8 8 6 7 2		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 6 4 - 7 2 7

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Expenses	Retired Executive Director	113,100
2. Group Health Life & Other Insurance	MLBP Benefit Plan	198,141
3. Investment Savings Retirement Plan	Van Guard Group	203,214
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 1 4 4 5 5
Enter the Total from Line 6 Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Peggy Browning Fund	1,375
2. Major League Baseball Players Alumni Association	5,000
3. Harlem RBI	1,000
4. Baseball Assistance Team	12,000
5. Baseball Writer's Association	1,500
6. Rusty Staub Foundation	500
7. Total from additional pages (if any)	155,791
8. Total of Lines 1 through 7	1 7 7 1 6 6
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent & Electric	683,370
2. Office Supplies & Expenses	370,039
3. Insurance	113,962
4. Telephone & Cable	81,278
5. Computer Expense	50,350
6. Postage & Delivery	102,351
7. Total from additional pages (if any)	1,482,806
8. Total of Lines 1 through 7	2 8 8 4 1 5 6
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Dues (Licensing Revenue)	41,002,495
2. Player Agent Fees	15,300
3. Collusion Escrow Payable	100,112
4. Baseball Tickets	236,283
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 1 3 5 4 1 9 0
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Dues Refund	17,509,597
2. Executive Board Expenses	11,965
3. Baseball Tickets	310,925
4. Collusion Case/Licensing Distribution	691,140
5. Collusion Escrow Payable	20,108
6. Settlement Payable	1,600,000
7. Medical Research	21,875
8. Arbitration Settlement	45,703
9. Appearance Fees	2,300,000
10. Licensee Fee	45,000
11. Negotiation Expenses-Basic Agrmt	263,203
12. Basic Agree W/Clubs - Future Growth & Development Baseball	20,000,000
13. Retirement Plan	186,679
14. Rookie Career Development Expense	148,642
15. Employee Relocation Expense	3,964
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 3 1 5 9 3 0 1
Enter the Total from Line 17 in  Item 73	

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name	0 6 4 7 2 7
Designation/Number	File Number
Page 1 of 15	12/31/2000 Ending Period

75. Additional Information

- 76 The signature at No. 76 is that of Donald M. Fehr, the Association's Executive Director and General Counsel. Pursuant to Article VIII of the Association's Constitution and By-Laws (copy attached), Mr. Fehr directs the day-to-day affairs and activities of the Association. In his capacity as Executive Director, he has day-to-day responsibility for the receipt and collection of all monies due to the Association and the making of all disbursements thereof.
- 77 The signatures at No. 77 are those of National League Player Representative Tom Glavine and American League Player Representative Rick Helling. The League Player Representatives are the association's two highest ranking officers. Under Article V, Section IV of the Association's Constitution and By-Laws (copy attached), the League Player Representatives serve as co-treasurers of the Association, with oversight responsibility for the receipt and collection of all monies due the Association and the making of disbursements by the Association.

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED: 12/31/2000

PAGE 2 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name Boehring er First Name B r i a n Title Status P				0		
Last Name M c R a e First Name B r i a n Title Status P				0		
Last Name N a g y First Name C h u c k Title Status C				0		
Last Name S c h i l l i n g First Name C u r t Title Status P				0		
Last Name E a s l e y First Name D a m i a n Title Status C				2 0 7		2 0 7
Last Name W i l s o n First Name D a n Title Status C				1 1 7 2		1 1 7 2
Last Name F l e t c h e r First Name D a r r i n Title Status P				0		
Last Name C o n e First Name D a v i d Title Status P				0		
Totals				1,379		1,379

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 6 4 -7 2 7

PAGE 3 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name W e a t h e r s D a v i d Title Status N				0		
Last Name First Name H o c k i n g D e n n y Title Status C				0		
Last Name First Name W h i t e D e v o n Title Status P				0		
Last Name First Name F e h r D o n a l d Title E x e c u t i v e D i r e c Status C		1, 0 0 0, 6 9 0				1, 0 0 0, 6 9 0
Last Name First Name G i a n v i l l e D o u g Title Status N				5 8 0		5 8 0
Last Name First Name B a l d w i n J a m e s Title Status N				0		
Last Name First Name C h r i s t i a n s e n J a s o n Title Status P				0		
Last Name First Name P o w e l l J a y Title Status N				0		
Totals		1, 0 0 0, 6 9 0		5 8 0		1, 0 0 1, 2 7 0

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED:

PAGE 4 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	(D)	(E)	(F)	(G)	(H)
Last Name K e n t First Name J e f f Title Status C				0		
Last Name P o o l e First Name J i m Title Status P				1 2 0 7		1 2 0 7
Last Name W a k e f i e l d First Name J i m Title Status P				0		
Last Name G i r a r d i First Name J o e Title Status C				1 2 5		1 2 5
Last Name D a m o n First Name J o h n Title Status P				0		
Last Name Y o u n g First Name K e v i n Title Status N				2 0 7		2 0 7
Last Name G r u d z i e l a n e k First Name M a r k Title Status N				0		
Last Name K o t s a y First Name M a r k Title Status C				2 7 6		2 7 6
Totals				1, 8 1 5		1, 8 1 5

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name L o r e t t a	First Name M a r k			2 0 7		2 0 7
Title	Status C					
Last Name S t a i r s	First Name M a t t			0		
Title	Status P					
Last Name D e f e l i c e	First Name M i k e			0		
Title	Status P					
Last Name M y e r s	First Name M i k e			0		
Title	Status N					
Last Name M u s s i n a	First Name M i k e			0		
Title	Status P					
Last Name R e m l i n g e r	First Name M i k e			3 3 5 2		3 3 5 2
Title	Status P					
Last Name S w e e n e y	First Name M i k e			2 3 2 4		2 3 2 4
Title	Status N					
Last Name H e l l i n g	First Name R i c k			3 8 8		3 8 8
Title	Status N					
Totals				6, 2 7 1		6, 2 7 1

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: R a n d a l l First Name: K a r l S c o t t Title: _____ Status: P				0		
Last Name: C a s e y First Name: S e a n Title: _____ Status: C				2 9 6		2 9 6
Last Name: R e y n o l d s First Name: S h a n e Title: _____ Status: P				0		
Last Name: P o n s o n First Name: S i d n e y Title: _____ Status: N				4 7 4		4 7 4
Last Name: H i t c h c o c k First Name: S t e r l i n Title: _____ Status: N				0		
Last Name: C r a b t r e e First Name: T i m Title: _____ Status: C				0		
Last Name: H u d s o n First Name: T i m Title: _____ Status: N				0		
Last Name: H e l t o n First Name: T o d d Title: _____ Status: P				0		
Totals				7 7 0		7 7 0

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ G l a v i n e T o m Title _____ Status C				2 6 2 9		2 6 2 9
Last Name _____ First Name _____ T e l f o r d T o n y Title _____ Status C				0		
Last Name _____ First Name _____ C l a r k T o n y Title _____ Status N				2 0 7		2 0 7
Last Name _____ First Name _____ N i x o n T r o t Title _____ Status N				0		
Last Name _____ First Name _____ p e r c i v a l T r o y Title _____ Status C				0		
Last Name _____ First Name _____ Title _____ Status						
Last Name _____ First Name _____ Title _____ Status						
Last Name _____ First Name _____ Title _____ Status						
Totals				2, 8 3 6		2, 8 3 6

ORGANIZATION NAME:

FILE NUMBER: 0 6 4 - 7 2 7

ENDING DATE OF PERIOD COVERED:

12/31/2000

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: C h i l d First Name: M a r t h a Position: A D M Name of Affiliated Organization:	1 1 4 7 7 0			2 0 3 2	1 1 6 8 0 2
Last Name: D a h l First Name: C h r i s Position: A D M Name of Affiliated Organization:	8 9 2 3 9			8 9 3	9 0 1 3 2
Last Name: D i C a m i l l o First Name: M a r i e t t Position: A D M Name of Affiliated Organization:	8 8 9 5 1			8 1 6	8 9 7 6 7
Last Name: F a l k First Name: H i l l a r y Position: A D M Name of Affiliated Organization:	1 1 8 3 2				1 1 8 3 2
Last Name: F a n n e l l First Name: J e f f r e y Position: A D M Name of Affiliated Organization:	1 5 2 6 9			1 1 5	1 5 3 8 4
Totals	3 2 0 0 6 1			3 8 5 6	3 2 3 9 1 7

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: G o l d s t e i n First Name: E v i e Position: A D M Name of Affiliated Organization:	6 6 6 5 8			4 8 6 1	7 1 5 1 9
Last Name: G o u l d First Name: H e a t h e r Position: A D M Name of Affiliated Organization:	4 6 8 9 0			1 8 6 3	4 8 7 5 3
Last Name: H e e t e r First Name: J u d i t h Position: A D M Name of Affiliated Organization:	3 3 6 1 9 0				3 3 6 1 9 0
Last Name: H i n k l e y First Name: T e r r i Position: A D M Name of Affiliated Organization:	1 8 4 1 4				1 8 4 1 4
Last Name: K a p l a n First Name: E v a n Position: A D M Name of Affiliated Organization:	8 4 6 7 7			6 4 3 3	9 1 1 1 0
Totals	5 5 2 8 2 9			1 3 1 5 7	5 6 5 9 8 6

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 6 4 — 7 2 7

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: L a r g o First Name: Y o l a n d a Position: A D M Name of Affiliated Organization:	4 5 7 6 9				4 5 7 6 9
Last Name: L e n a g h a n First Name: R o b e r t Position: A D M Name of Affiliated Organization:	1 9 3 2 7 0			6 2 9 6	1 9 9 5 6 6
Last Name: L y n c h First Name: E d Position: A D M Name of Affiliated Organization:	1 1 8 5 9				1 1 8 5 9
Last Name: M a r k o w i t z First Name: M e l b a Position: A D M Name of Affiliated Organization:	4 8 0 6 4			4 0 5	4 8 4 6 9
Last Name: M o r r i s First Name: C h r i s t i Position: A D M Name of Affiliated Organization:	5 6 3 8 7			7 7	5 6 4 6 4
Totals	3 5 5 3 4 9			6 7 7 8	3 6 2 1 2 7

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>O'Donnell Sharon</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>ADM</div>	45559				45559
<div> <div>Last Name</div> <div>First Name</div> </div> <div>Olschan John</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>ADM</div>	125740			6434	132174
<div> <div>Last Name</div> <div>First Name</div> </div> <div>Orza Eugene</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>ADM</div>	427018			15384	442402
<div> <div>Last Name</div> <div>First Name</div> </div> <div>Pepin Lisa Mar</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>ADM</div>	40038				40038
<div> <div>Last Name</div> <div>First Name</div> </div> <div>Persaud Melissa</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>ADM</div>	31305			6098	37403
Totals	669660			27916	697576

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 0 6 4 - 7 2 7

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12/31/2000

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: P e t e r s First Name: S h e i l a Position: A D M Name of Affiliated Organization:	5 0 1 6 0				5 0 1 6 0
Last Name: P r i c e First Name: A l l y n e Position: A D M Name of Affiliated Organization:	6 2 6 1 0				6 2 6 1 0
Last Name: P r i y o r First Name: D o y l e Position: A D M Name of Affiliated Organization:	2 8 6 1 8 9			4 0 6 1	2 9 0 2 5 0
Last Name: R i v e r a First Name: R e b e c c a Position: A D M Name of Affiliated Organization:	4 6 5 4 6				4 6 5 4 6
Last Name: R i v e r a First Name: E r i c Position: A D M Name of Affiliated Organization:	3 2 5 6 1				3 2 5 6 1
Totals	1 7 8 0 6 6			4 0 6 1	1 8 2 1 2 7

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: R o g e r s First Name: S t e p h e n Position: A D M Name of Affiliated Organization:	1 5 5 7 7 6			1 2 6 3 7	1 6 8 4 1 3
Last Name: W e i n e r First Name: M i c h a e l Position: A D M Name of Affiliated Organization:	3 7 0 7 7 0			5 5 7 9	3 7 6 3 4 9
Last Name: W h i t e First Name: R i c h a r d Position: A D M Name of Affiliated Organization:	2 0 1 2 7 0			4 1 5 0 0	2 4 2 7 7 0
Last Name: W i l l i s First Name: N a n c y Position: A D M Name of Affiliated Organization:	5 0 9 7 1			4 0 2 4	5 4 9 9 5
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Totals	7 7 8 7 8 7			6 3 7 4 0	3 4 2 5 2 7

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

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Schedule 12 — Contributions, Gifts & Grants

Description (A)	Amount (B)
Major League Baseball Players Trust	154,446
Miscellaneous Contribution	1,345

Continuation of LM-2 Labor Organization Annual Report

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Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
Clipping SVC & Subscription	61,867
Repairs & Maintenance	21,364
Advertising & Promotion	293,693
Equipment Rental	41,655
Travel & Lodging Paid to Providers	1,064,227

